

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4						
5						
6						
7		6				
8		1				
9						
10		1				
11		1				
12		2				
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47						
48						
49						
50						
TOTAL CLAIMS	18					

TOTAL IND.

1

TOTAL DEP.

17

TOTAL CLAIMS

18

TOTAL IND.

1

TOTAL DEP.

17

TOTAL CLAIMS

1